

Subject: Foot Care Services
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Description

This document addresses the following foot care services: cutting or removal of corns or calluses, trimming, cutting, clipping or debriding of nails (including mycotic nails), and cleaning and soaking of the feet.

Note: Benefit language supersedes this document. Foot care services are not a covered benefit under all member contracts/certificates. Please see the text in the footnote of this document regarding Federal and State mandates and contract language, as these requirements or documents may specifically address the topic of foot care services.

Clinical Indications

Medically Necessary:

Foot care services including cutting or removal of corns or calluses, or trimming, cutting, clipping or debriding of nails are considered medically necessary when the following criteria are met:

- A. Foot care services include any of the following:**
- 1. Cutting or removal of corns or calluses; or**
 - 2. Trimming, cutting, clipping or debriding of nails; and**

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Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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B.A. The individual has a systemic condition resulting in circulatory insufficiency or desensitization of the lower extremity including, but not limited to, one or more of the conditions listed below:

1. Arteriosclerosis; or
2. Chronic thrombophlebitis; or
3. Diabetes mellitus; or
4. Peripheral vascular disease; or
5. Peripheral neuropathy; or
6. Raynaud's disease; and

C.B. The individual is at risk of impeded healing that could potentially jeopardize life of limb, for example, evidence of sensory loss or prior ulceration or amputation, Charcot foot, history of angioplasty or vascular surgery, retinopathy, renal disease, or current symptoms of neuropathy (pain, burning, numbness) and vascular disease (leg fatigue, claudication); and

D.C. Performance of foot care services by a nonprofessional person would put the individual at risk; and

E. Foot care services, are considered clinically appropriate, and in accordance with generally accepted standards of medical practice* for the individual's clinical condition; and

F.D. Foot care services are not provided more frequently than once every 2 months (unless documentation demonstrates clinical appropriateness).

Debridement of mycotic nails, no more than once every 2 months (unless documentation demonstrates clinical appropriateness), in the absence of a systemic condition above, is considered medically necessary when the following criteria are met:

- A. **For ambulatory individuals, pain results in difficulty walking and/or abnormality of gait in conventional walking footwear; or**
- B. **In non-ambulatory individuals, there is pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.**

***Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical**

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community, physician specialty society recommendations and the views of physicians practicing in relevant clinical settings.

Not Medically Necessary:

Foot care services, including cutting or removal of corns or calluses, or trimming, cutting, clipping or debriding of nails (including mycotic nails) are considered not medically necessary when the criteria above are not met and for all other indications.

Cleaning and soaking of the feet is considered not medically necessary for all indications.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

CPT

11055-11057

Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus) [by number of lesions, includes codes 11055, 11056, 11057]

11719

Trimming of nondystrophic nails, any number

11720

Debridement of nail(s) by any method(s); 1 to 5

11721

Debridement of nail(s) by any method(s); 6 or more

11730

Avulsion of nail plate, partial or complete, simple; single

11732

Avulsion of nail plate, partial or complete, simple; each additional nail plate

11750

Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal

11765

Wedge excision of skin of nail fold (eg, for ingrown toenail)

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HCPCS

G0127

G0247

Trimming of dystrophic nails, any number

Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails

S0390

Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit

ICD-10 Diagnosis

E08.00-E13.9

All diagnoses, including but not limited to the systemic conditions listed below

G60.0-G60.9

Diabetes mellitus

G61.0-G61.9

Hereditary and idiopathic neuropathy

G62.0-G62.9

Inflammatory polyneuropathy

G63

Other and unspecified polyneuropathies

G64

Polyneuropathy in diseases classified elsewhere

G90.01-G90.09

Other disorders of peripheral nervous system

I70.0-I70.92

Idiopathic peripheral autonomic neuropathy

I73.00-I73.01

Atherosclerosis

I73.1

Raynaud's syndrome

I73.81-I73.9

Thromboangiitis obliterans (Buerger's disease)

I80.00-I80.9

Other specified and unspecified peripheral vascular disease

Phlebitis and thrombophlebitis

When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

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When services are also Not Medically Necessary:

CPT
97022

Application of a modality to 1 or more areas; whirlpool [when used for foot care such as soaking and cleaning of feet]

ICD-10 Diagnosis

L60.0-L60.9
L62
L84

Including, but not limited to, the following:
Nail disorders
Nail disorders in diseases classified elsewhere
Corns and callosities

Discussion/General Information

Foot care services are an integral part of care in individual with a systemic condition such as a metabolic, neurologic or peripheral vascular disease that may result in severe diminished circulatory sensation of the legs or feet. Foot care may include the cutting or removal of corns and calluses; the trimming, cutting, clipping or debriding of nails; other hygienic and preventive maintenance care may include cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedrest individuals, or any other services performed in the absence of localized illness, injury or symptoms involving the foot.

According to the American Diabetes Association (ADA), diabetes is one of the most common chronic diseases in the United States (U.S.), with approximately 30 million Americans with diagnosed disease. Another 8 million are believed to have undiagnosed disease. Diabetes mellitus is a leading cause of chronic disease and limb loss, marked by impaired metabolism of carbohydrate, protein and fat, affecting nearly 21 million Americans. The underlying problem in diabetes is in the production or utilization of insulin, the hormone secreted by the pancreas that controls the level of blood sugar by regulating the transfer of glucose from the blood into the cells. Diabetes mellitus, if poorly controlled, can cause cardiovascular disease, retinal damage that could lead to blindness, damage to the peripheral nerves, and injury to the kidneys.

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Peripheral neuropathy is a common condition that occurs when nerves are damaged or destroyed, which interferes with the transmission of messages from the brain and spinal cord to other parts of the body. The condition can affect single or multiple nerves and involve different nerve types, including motor, sensory, and autonomic nerves. There are many different types of peripheral neuropathy, and each type has its own symptoms based on the nerves involved. Common symptoms include pain, tingling, numbness, stabbing sensations, electric-like sensations, burning sensations and weakness.

There are many causes of peripheral neuropathy. Diabetic peripheral neuropathy is a type of nerve damage that can occur in individuals with diabetes mellitus as a result of chronic high blood sugar levels that can injure nerve fibers throughout the body. While diabetes and post-herpetic neuralgia (due to herpes viral infection, shingles) are the most common causes of peripheral neuropathy, other causes include, but are not limited to, vitamin deficiency (particularly B12 and folate), alcohol abuse, autoimmune diseases (such as lupus, rheumatoid arthritis or Guillain-Barre syndrome), autoimmune deficiency syndrome (AIDS) (from the disease or its treatment), kidney failure, inherited disorders (such as amyloid polyneuropathy or Charcot-Marie-Tooth disease), exposure to toxins (such as heavy metals, gold compounds, lead, arsenic, mercury, and organophosphate pesticides), chemotherapy agents (such as vincristine) and other medications (such as antibiotics including isoniazid, metronidazole, and statins which have been linked to peripheral neuropathy), and rarely, diseases such as neurofibromatosis. Rare congenital conditions with neuropathies include Fabry disease, Tangier disease, hereditary sensory autonomic neuropathy, and hereditary amyloidosis. Often the etiology is unknown, and this condition is referred to as idiopathic peripheral neuropathy.

In 2021, the American Diabetic Association (ADA) published standards of medical care in diabetes, the committee provided the following recommendations for foot care:

- 12.21 Perform a comprehensive foot evaluation at least annually to identify risk factors for ulcers and amputations. B
- 12.22 Patients with evidence of sensory loss or prior ulceration or amputation should have their feet inspected at every visit. B

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Foot Care Services

- 12.23 Obtain a prior history of ulceration, amputation, Charcot foot, angioplasty or vascular surgery, cigarette smoking, retinopathy, and renal disease and assess current symptoms of neuropathy (pain, burning, numbness) and vascular disease (leg fatigue, claudication). B
- 12.24 The examination should include inspection of the skin, assessment of foot deformities, neurological assessment (10-g monofilament testing with at least one other assessment: pinprick, temperature, vibration), and vascular assessment, including pulses in the legs and feet. B
- 12.25 Patients with symptoms of claudication or decreased or absent pedal pulses should be referred for ankle-brachial index and for further vascular assessment as appropriate. C
- 12.26 A multidisciplinary approach is recommended for individuals with foot ulcers and high-risk feet (e.g., dialysis patients and those with Charcot foot or prior ulcers or amputation). B
- 12.27 Refer patients who smoke or who have histories of prior lower-extremity complications, loss of protective sensation, structural abnormalities, or peripheral arterial disease to foot care specialists for ongoing preventive care and lifelong surveillance. C
- 12.28 Provide general preventive foot self-care education to all patients with diabetes. B
-
- 12.29 The use of specialized therapeutic footwear is recommended for high-risk patients with diabetes, including those with severe neuropathy, foot deformities, ulcers, callous formation, poor peripheral circulation, or history of amputation. B

Foot ulcers and amputation, which are consequences of diabetic neuropathy and/or peripheral arterial disease (PAD), are common and represent major causes of morbidity and mortality in people with diabetes. Early recognition and treatment of patients with diabetes and feet at risk for ulcers and amputations can delay or prevent adverse outcomes.

The risk of ulcers or amputations is increased in people who have the following risk factors:

- Poor glycemic control
- Peripheral neuropathy with LOPS
- Cigarette smoking
- Foot deformities
- Pre-ulcerative callus or corn
- PAD

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Clinical UM Guideline

Foot Care Services

- History of foot ulcer
- Amputation
- Visual impairment
- Chronic kidney disease (especially patients on dialysis)

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The document is based on peer-reviewed published literature, professional, and podiatric and medical organizational input regarding generally accepted standards of medical practice, and current American Diabetic Association standards.

References

Peer Reviewed Publications:

1. O'Connor JJ, Deroche CB, Wipke-Tevis DD, et al. Foot care self-management in non-diabetic older adults: A pilot controlled trial. West J Nurs Res. 2021; 43(8):751-761.

Government Agency, Medical Society, and Other Authoritative Publications:

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2. American Academy of Dermatology, Guidelines/Outcomes Committee. Guidelines of care for superficial mycotic infections of the skin: Onychomycosis. J Am Acad Dermatol. 1996;34(1):116-121.
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7. Lewis J, Lipp A. Pressure-relieving interventions for treating diabetic foot ulcers. Cochrane Database Syst Rev. 2013; (1):CD002302.
8. van Netten JJ, Price PE, Lavery LA, et al. International Working Group on the Diabetic Foot (IWGDF). Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. Diabetes Metab Res Rev. 2016; 32 Suppl 1:84-98.

Websites for Additional Information

1. American Diabetes Association. Available at: <http://www.diabetes.org/>. Accessed on August 23, 2022.
2. American Diabetes Association. Diabetes complications. Available at: <https://www.diabetes.org/diabetes/foot-complications>. Accessed on August 23, 2022.

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History

<u>Status</u>	<u>Date</u>	<u>Action</u>
<u>New</u>	<u>11/10/2022</u>	<u>Medical Policy & Technology Assessment Committee (MPTAC) review. Initial document development.</u>

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.